UCO Sexual Assault
Anonymous Reporting Form

Using this form, student victims/survivors of sexual assault may file an anonymous report with the Office of Student Conduct, whether or not the victim of a sexual assault decides to file disciplinary and/or legal charges against the offender at a later date. There is not a statute of limitations on filing complaints within the Office of Student Conduct. If you later decide to file disciplinary and/or legal charges, you may initiate this process by contacting the Office of Student Conduct at (405) 974-2361 or UCO Police Services at (405) 974-2345. For more information, refer to the UCO Code of Student Conduct, Section VI. F. 6.

To keep information anonymous, do NOT include names of victims or perpetrators. If names are included, this is no longer considered an anonymous report and an investigation may be conducted by UCO Police Services and the Office of Student Conduct, respectively.

Please select the appropriate answer to each question. Then, follow the directions at the end of this form.

I. Information on the Victim/Survivor

1. Sex: □ Female □ Male

2. Age: □ 3-17 □ 8-20 □ 21-25 □ 26-30 □ 31-40 □ 40+ □ Unknown

3. Affiliation to UCO: □ Student □ Staff □ Faculty □ Other

4. Where does Victim reside? □ On Campus □ Off Campus □ Sorority/Fraternity House □ Other

II. Information on the Assault

1. Type of Coercion/Force: (Check all that apply)
   □ Verbal
   □ Physical
   □ Abduction
   □ Presence of Weapon
   □ Threat of Death
   □ Date Rape Drug
   □ Other

2. Reported Assault: (Check all that apply)
   □ Sexual Assault (Verbal)
   □ Sexual Assault (Physical)
   □ Attempted Rape
   □ Completed Rape: □ Vaginal □ Oral □ Anal

3. Place of Assault: (Check all that apply)
   □ Off Campus
   □ On Campus
   □ Survivor’s Home
   □ Offender’s Home
   □ Outdoors
   □ Workplace

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4. Was the person who was assaulted under the influence of alcohol and/or drugs at the time of assault?
   Alcohol: ☐ Yes ☐ No ☐ Unknown
   Drugs: ☐ Yes ☐ No ☐ Unknown

5. If YES, did he or she feel pressured to consume or use?
   ☐ Yes ☐ No ☐ Unknown

6. If yes, then please identify the source of the pressure. (Check all that apply)
   ☐ The Offender(s) ☐ Friend(s) ☐ Organization ☐ 3rd Party Vendor ☐ Other Entity

III. Information on the Offender(s)

1. Number of Offender(s): ☐ 1 ☐ 2-3 ☐ 4-5 ☐ 5 or more

2. Sex of Offender(s): (Check all that apply)
   ☐ Male
   ☐ Female
   ☐ Multiple Males
   ☐ Multiple Females
   ☐ Male and Female

3. Affiliation to UCO: ☐ Student ☐ Staff ☐ Faculty ☐ Other ☐ Unknown

4. Residence of Offender(s): ☐ On Campus ☐ Off Campus ☐ Sorority/Fraternity House ☐ Other ☐ Unknown

5. Estimated Age of Offender at Time of Assault:
   ☐ 13-17 ☐ 18-20 ☐ 21-25 ☐ 26-30 ☐ 31-40 ☐ 40+ ☐ Unknown
   If Multiple Offender(s): (Check all that apply)
   ☐ 13-17 ☐ 18-20 ☐ 21-25 ☐ 26-30 ☐ 31-40 ☐ 40+ ☐ Unknown

5. Relationship of Offender(s) to the person assaulted: (Check all that apply)
   ☐ Partner/Lover
   ☐ Acquaintance
   ☐ Ex-Partner/Ex-Lover
   ☐ Spouse
   ☐ Met same day, socially
   ☐ Met same day, non-socially
   ☐ Stranger
   ☐ Student
   ☐ Colleague/Co-Worker
   ☐ Faculty/Teaching Assistant
   ☐ Staff
   ☐ Other
   ☐ Unknown

6. Was Offender(s) under the influence of alcohol and/or drugs at time of assault?
   Alcohol: ☐ Yes ☐ No ☐ Unknown
Drugs:  [ ] Yes  [ ] No  [ ] Unknown

III. Plans for Follow-Up Actions

1. Does the assaulted person plan to seek legal or disciplinary action against the offender(s)?
   [ ] Yes, through the UCO Office of Student Conduct and/or UCO Police Services
   [ ] Yes, outside UCO through legal (criminal and/or civil) proceedings
   [ ] Yes, through both the UCO Office of Student Conduct and through legal (criminal and/or civil) proceedings
   [ ] No
   [ ] Unknown

2. Has the assaulted person been advised of University Health Services and/or Local Hospitals, the Student Counseling Center, the Violence Prevention Project (VPP) Office, the Office of Student Conduct, academic options for the semester, and/or temporary residential options through Housing and Dining Services?
   [ ] Yes
   [ ] No
   [ ] Unknown

3. Has the assaulted person utilized any of the following resources: University Health Services and/or Local Hospitals, the Student Counseling Center, the Violence Prevention Project (VPP) Office, the Office of Student Conduct, Academic Advisement, and/or temporary residential options through Housing and Dining Services?
   [ ] Yes
   [ ] No
   [ ] Unknown

IV. Directions for Submission of Anonymous Reporting Form

1. Please, print out, complete, and return this form to one of the campus entities below as soon as possible.
   (In order to keep your report anonymous, do not include any identifying information.)

   - Violence Prevention Project (VPP) Office, Nigh University Center, Room 113, (405) 974-2224
   - Office of Student Conduct (OSC), Lillard Administration Building, Room 213, (405) 974-2361
   - University of Central Oklahoma Police Services, Department of Public Safety Building, (405) 974-2345

*For more information on how to obtain assistance with referrals for medical, counseling, and housing needs as well as help with academic and reporting concerns, please contact the Violence Prevention Project Office at (405) 974-2224 or visit the VPP website at www.uco.edu/student_counseling/vpp.